

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|------------|-------------|--------------------|
| FEE DETERMINATION | WA | | 10-10-07 |
| O.I.P.E. CLASSIFIER | | 59 | 10311 |
| FORMALITY REVIEW | M.H. | 1102 | 11/06/01 |
| RESPONSE FORMALITY REVIEW | LPD MIB | 1127 954 | 02-21-02 3/1/02 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Final Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

258
 2/12/02
 2/12/02
 2/12/02